State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 000	Initial Comments		F 000			
	of Nursing Facilities. investigated during so The census in this 15 141 at the time of the	acted 4/16/19 through a compliance with the egulations for the Licensure Two complaints were urvey. 4 licensed bed facility was survey. The survey sample ant Resident reviews and 5				
F 001	Non Compliance		F 001		5/	/17/19
	The facility was out o following state licensor. This RULE: is not me	ure requirements:				
	The facility was not in following Virginia Reg Nursing Facilities:	n compliance with the gulations for the Licensure of 1. Resident Rights. Cross		This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed that we are in agreement with them. It an affirmation that corrections to the a	d or is	
	12 VAC 5-371-250 (A	a, G). Resident Assessment Cross Reference to F641		cited have been made and the facility compliance with participation requirements. 12 VAC 5-371-150 B1. Resident Right Cross Reference to F622, and F625.		
	12 VAC 5-371-220 A. Reference to F675 ar	Nursing Services. Cross and 758.		F622 1. Residents' number #134, #52, #8 #80, #106, and #50 all returned from t		
	12 VAC 5-371-300 (L Cross Reference to F). Pharmacy Services. 761.		Emergency Room or the hospital and therefore no corrective action can be taken with the residents at this time.		
	12 VAC 5-371-290 B. Services. Cross Refe	C. Special Rehabilitative rence to F825.		Residents that transferred to the Emergency or admitted into the hospit the last 30 days and remain in the	al in	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed

05/02/19

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12 VAC 5-371-180 (A Reference to F880.	9). Infection Control. Cross		Emergency Room or the hospital will reviewed to ensure if the Transfer Summary, which includes the comprehensive care plan summary at goals, was sent with the resident. An variances identified will be corrected. 3. The Director of Nursing/Designer reeducate RNs and LPNs on conveying the Transfer Summary Report, which contains the comprehensive care plangoals, and documenting in the clinical record the information was provided with the resident upon transfer or discharge the hospital. 4. The Director of Nursing/Designer review 20% of Emergency Room transor hospital discharges for six weeks to ensure the Transfer Summary Report which contains the comprehensive placare was sent and documented in the nursing notes. The Director of Nursing/Designee will identify any pator trends and report to the Quality Assurance and Performance Improve Committee at least quarterly. F625 1. Residents' number #134, #52, #8 #80, #106, #54, and #50 all returned the Emergency Room or the hospital therefore no corrective action can be taken with the residents at this time. 2. Residents that transferred to the Emergency Room or were admitted in the hospital in the last 30 days will be reviewed to ensure if the Transfer Summary, which includes the Bed Ho Policy, was sent with the resident. Ar variances identified will be corrected. 3. The Director of Nursing/Designee.	e will ng n and l vith le to e will sfer o an of e tterns ment 31, from and	

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F 001	Continued From page	e 2	F 001	reeducate RNs and LPNs on the Policy and Procedure of providing the Bed Folicy to the resident and documenting the clinical record the information was conveyed with the resident upon transfor discharge to the hospital. 4. The Director of Nursing/Designed review 20% of Emergency Room transfor hospital discharges for six weeks to ensure the Transfer Summary Report which contains the Bed Hold Policy, we sent and documented in the nursing notes. The Director of Nursing/Design will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committed least quarterly. 12 VAC 5-371-250 (A, G). Resident Assessment and Care Planning. Cross Reference to F641 and F655 F641 1. The MDS with the ARD of 03/08/ resident #84 was modified to reflect accurate coding for section N for the cof an antipsychotic medication. The modified MDS was transmitted to CM The Resident Assessment Coordinat were reeducated on the importance of accurate completion of MDS regarding antipsychotic medications. 2. The Assistant Director of Nursing/Designee will review all MDS completed for the past 30 days to ensaccuracy of section N. Any variances identified will be corrected in accordal with the RAI manual. MDS staff will be responsible for ensuring accurate codon all MDS assessments. 3. The Director of Nursing/Designee.	dold ag in a sefer e will sefer o constant a sefer

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F 001	Continued From page	e 3	F 001	in-service MDS coordinators on the importance of coding accuracy accord to the RAI manual. The education will include, but is not limited to, a review the RAI manual instruction for Section and antipsychotic medications. 4. The Assistant Director of Nursing/Designee will review 20% of MDSs completed weekly for six week ensure accurate coding of section N from antipsychotic medications. The Direct Nursing/Designee will identify any patron or trends and report to the Quality Assurance and Performance Improve Committee at least quarterly. F655 1. The baseline care plan for reside #440 was updated and provides instructions needed to ensure effective person centered care including communication needs. 2. The Director of Nursing/ designer reviewed the baseline care plans of a newly admitted residents for whom the comprehensive care plan has not yet created. The review was to ensure baseline care plans include the instructions needed to provide effective person centered care for communication needs. Baseline care plans were updated as needed. 3. The Director of Education/design will reeducate RNs and LPNs on Development and Implementation of Baseline Care Plans. The in-service winclude, but not limited to, a review of baseline care plan should also include The care plan should also include	of n N s to or tor of terns ment nt e e has ll e been /e ion ated ee will the nd

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F 001	Continued From page	4	F 001	instructions to ensure the delivery of effective person centered care with sprocus on communication needs. 4. The Director of Nursing/designee review the baseline care plans of all nadmitted residents weekly for six wee The review will ensure baseline care pinclude the instructions needed to proeffective person centered care for communication needs. The Director of Nursing/designee will identify any path or trends and report to the Quality Assurance and Performance Improve Committee at least quarterly. 12 VAC 5-371-220 A. Nursing Service Cross Reference to F675 and 758. F675 1. Resident #440 was assessed for communication needs and appropriate communication device has been proved. The Director of Nursing/designer conducted an assessment of current residents with expressive aphasia to ensure their communication needs and met. Appropriate communication device has been provided to residents, as needed. 3. The Director of Education/design has reeducated RNs and LPNs on Assessing Resident so Needs for Communication Devices. The in-serviced included but was not limited to the importance of appropriate assessment and identification of communication needs. 4. The Director of Nursing /designer perform weekly audits for six weeks on newly admitted residents to ensure the each resident individual communication needs.	e will lewly ks. plans vide f terns ment es. e ided. e has e cces ee tce ut e will f all at

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F 001 Continued From p	page 5	F 001	needs are assessed, and the approprice communication devices are provided needed. The Director of Nursing/Desi will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committed least quarterly. F758 1. Resident #84 has been reevaluated the physician and the PRN psychotromedication has been discontinued. 2. The Director of Nursing/ designed performed an audit of all residents receiving PRN psychotropic medication to ensure the 14-day stop date has been followed or the physician has documed rationale for continuance past 14 day. The physician was made aware of an orders lacking the required stop date required physicians documentation at the orders were updated as directed the physician. 3. The Director of Education/design has reeducated RNs and LPNs on PFP sychotropic Medications. The in-semincluded, but was not limited to, re-educating nurses on identifying psychotropic medication orders and ensuring the physician has document rational for continuing the medication 14 days. 4. The Director of Nursing /designed perform weekly audits for six weeks of residents with PRN psychotropic medication orders to ensure that each order has an appropriate stop date or physician has documented rationale for continuance past 14 days. The Director Nursing/Designee will identify any patterns.	if gnee d d d d d d d d d d d d d d d d d d

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F 001	Continued From pag	e 6	F 001	or trends and report to the Quality Assurance and Performance Improve Committee at least quarterly. 12 VAC 5-371-300 (L). Pharmacy Services. Cross Reference to F761. F761 1. The eye drop, Latanoprost, was discarded according to the facility medication destruction policy on April 2019. The staff were reeducated on ti requirement of disposing of medication after the use by date. 2. The Director of Nursing/designed performed inspection of all medication carts, refrigerators, and medication ro to ensure all medications have been a appropriately and discarded upon the expiration and/or use by date. 3. The Director of Education/design has reeducated RNs and LPNs on Labeling and Storage of Drugs and Biologicals. The in-service included, it was not limited to, a review of the fac policy of Storage and Expiration Datir Medications, as well as, the protocol of discarding medications. 4. The Director of Nursing/designed perform weekly inspections for six we of the medication refrigerators, medic carts, treatment carts, and medication storage areas to ensure all medication are dated when opened and have not expired. The Director of Nursing/design will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committe least quarterly. 12 VAC 5-371-290 B. C. Special	18, he on e has nooms dated cir nee out ility's no of for e will eeks cation nos to gnee di

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F 001	Continued From page	7	F 001	Rehabilitative Services. Cross Reference to F825. F825 1. The Speech Therapist has reassessed resident #440 for communication needs and a pad and writing device was made available to the resident for times when the resident hadifficulty expressing needs to nursing a contract of Clinical Operation. Therapy Services/designee has perfor an audit of all residents on speech the case load to ensure their communication needs are met and an appropriate communication device is provided to the resident if needed. 3. The Director of Clinical Operation. Therapy Services/designee has reeducated Speech Therapists on Assessing Residents Needs for Appropriate Communication Devices. Inservice included, but was not limited identification and assessment of resid with episodic communication needs at conveying the findings to nursing. 4. The Director of Clinical Operation. Therapy Services/designee will perfor weekly audits for six weeks of all resid on speech therapy's case load to ensue each resident's individual communication needs are assessed, and if needed the appropriate communication devices and provided. The Director of Clinical Operations for Therapy Services/designed will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee least quarterly.	he as staff. s for med rapy on he s for The d to, ents hd s for ments ure ion e e e gnee

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F 001	Continued From page	2.8	F 001	Cross Reference to F880. F880 1. Resident #42 was assessed and without negative outcome. LPN #1 w re-educated on appropriate infection control practices during medication administration. 2. The Director of Nursing/ designed performed five medication administration observations of LPN #1 to ensure adherence to appropriate infection corpactices during medication administration. 3. The Director of Education/design has reeducated RNs and LPNs on Medication Administration. The in-set included, but was not limited to, re-educating nurses on proper infection control during administration of medications. 4. The Director of Nursing/designed perform five random medication administration observations weekly for weeks to ensure adherence to approprinfection control practices during medication administration. The Direct Nursing/Designee will identify any path or trends and report to the Quality Assurance and Performance Improve committee at least quarterly. 12 VAC 5-371-180 (C9). Infection Corpose Reference to F925. F925 1. There was no evidence of roached the time of the inspection therefore, in corrective action could be taken to	e has cion introl ee rvice on e will r six oriate or of terns ment introl.

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F 001	Continued From page	e 9	F 001	address the complaint. Facility staff of reeducated on the importance of maintaining an effective pest control program. 2. The Administrator/designee will inspect facility and continue to review control logs to ensure maintaining of a effective pest program. Any variance identified will be addressed immediate 3. Administrator/designee will reedufacility staff on maintaining an effectiv pest control program. The in-service included, but not limited to, the policy pest control and the procedure to conthe pest control company for services needed. 4. The Administrator/designee will inspect the facility and pest control logweekly for six weeks to ensure facility maintaining an effective pest control program. The Administrator/designee identify any patterns or trends and repto the Quality Assurance and Perform Improvement Committee at least quarterly.	pest an ely. ucate e on tact as